	USE OF TRAUMA FLOW SHEETS									
Original Rele	ease/Approval	1 Jun 2008	Note: This CPG requires an annual review.							
Reviewed:	Nov 2008	Approved:	1 Dec 2008							
Supersedes:	Use of Trauma	a Flow Sheets &	Electronic Docu	mentation, 1 Jun 08						

- **1. Goal.** Obtain complete trauma documentation, including evacuation documentation, on all trauma patients from Level IIb & Level III within the CENTCOM AOR.
- 2. Background. The role of trauma documentation within the Joint Theater Trauma System for trauma performance improvement has continuously increased since the Joint Theater Trauma Registry (JTTR) was initiated in 2004. This progression is not unlike the first civilian trauma registries and standardized trauma flow sheets that were developed in the late 1980s. JTTR data acquisition and processing has improved greatly, partly because of the continuing advances (i.e. development of a standardized trauma flow sheet, initiation of Oracle-based registry database, and Level II MS Access trauma database) that offer new approaches and maximize computer technologies and the deployment of trauma coordinators to most Level III sites. Data collection that allows theater-wide comparison is important for the continuous learning process and to improve outcomes, standard of care development, analysis of differences in the mechanisms of injury, rescue systems, and approved treatment guidelines.

Although trauma flow sheet documentation can incorporate information from numerous sources (nursing flow sheets, monitors, medevac run-sheets, I-stat print outs, etc.); **if the history taking, physical examination, or decision making is not documented by the trauma team leader, it didn't occur.** Therefore, good documentation on the trauma flow sheets is most important for care of the individual patient and the system-wide delivery of trauma/critical care to all injured patients within the CENTCOM AOR. It is easy to forget or only capture limited data on trauma flow sheets when trauma patients spend very little time in the ED prior to heading to the OR. However, it is imperative to document the thought process and to take the time to complete the trauma flow sheet when time permits, even if completed the next day.

Although trauma documentation requirements are well known, it is noted that this is an area in need of improvement. Although not exhaustive, the following are documentation performance improvement areas that repeatedly surface which need careful attention:

- a. Complete set of initial vital signs, including temperature and respiration rate
- b. GCS total score and individual Motor, Verbal & Eye opening scores
- c. Total IV volume (blood, colloid and crystalloid) infused in the ED, even if fluid administration continues after transport
- d. Disposition: Place and time
- e. Arrival time
- f. Mechanism of Injury
- g. Labs transferred to trauma flow sheet (especially HCT, INR, and BE)
- h. Lethal Triad Indicators (Hypothermia, Acidosis, Coagulopathy)

- **3.** Indications for Initiation and Completion of Trauma Flow Sheets. A trauma flow sheet should be initiated on <u>ALL</u> patients (battle/non-battle injury coalition forces, ANA, ANP, IP, IA, LN, contractors, etc.) triaged as Immediate. In addition, trauma flow sheets should be completed on all patients seen within the first 72 hours of the following mechanisms of injury and all unstable patients regardless of injury time:
 - a. GSW
 - b. Blast (IED, bomb, grenade, mortar, landmine, RPG, etc)
 - c. Burns (fire, liquid, chemical, electrical)
 - d. Head Injury (open and closed)
 - e. Blunt Trauma
 - f. Crush Injury
 - g. Assault/Fight

- h. Motor Vehicle or Air Frame Crash
- i. Penetrating wounds (stabbing, shrapnel, penetrating eye)
- j. Falls
- k. Drowning
- 1. NBC related
- m. Inhalation injury
- n. All trauma admissions to any/all Level III facilities in the continuum

It is the intent of this guideline that the broadest definition of trauma be used. This should include the majority of patients with single or multi-system injury seen in the emergency department or admitted directly to the ICU and is to be used as the primary method of initial documentation.

4. Responsibilities.

- a. It is the trauma team leader's responsibility to ensure the physician's trauma flow sheet is complete at Level III and the Combined Trauma Flow Sheet is completed at Level II.
- b. It is the responsibility of the nurse assigned to the trauma bay/patient to ensure the Nursing Trauma Flow Sheet is completed at Level III and that the nursing portion of the Combined Trauma Flow Sheet is completed.
- c. A member of the trauma team that is receiving report (CCATT, medevac, ground ambulance) should request a copy of the transport run-sheet and ensure it is included in the patient's record. All times on the trauma flow sheet should be Zulu, not local.

Approved by CENTCOM JTTS Director, JTS Director and Deputy Director and CENTCOM SG

APPENDIX A JTTR Level II Physician Form (2 Pages)

PHYSICIAN	TRAUMA ADMITTING RE	CORD (Forward Resuscitative Capability) -	Formerly Level 2
DATE: VI	TAL SIGNS	TRIAG	E CATEGORY
TIME OF INJURY:			nmediate 🔲 Delayed
TIME OF ARRIVAL:	T P R BP	/ O2 8at M	Inimal Expectant
LOCATION OF PRE-HOSP. CARE:			ANISM OF INJURY
HISTORY & PHYSICAL INJURY DESCRIPTION R	L		
(ABirasion			5W/Bullet Assault lunt trauma Chemical VC Biological
(AMP)utation	The state of the s		MC Biological uliding Collapse Radinuclear
(AV)ulsion			elo crash Crush
(BL)eeding			ane Crash Fall
(B)urn %TBSA (C)repitus			nifeledge (stab) Blast/Explosion ingle frag IED
(D)eformity			ingle tring IED ulti-frag Bomb
(DG)Degloving			ying debris UXO
(E)cchymosis			rowning Mortar
(FX)Fracture	7/脚		ot Obj/Liquid Landmine
(F)orlegn Body (GSW)Gun Shot Wound	/// TULA ///		
(H)ematoma	SV /Y2/1/2//	CARE DONE PRIOR TO ARRIV	
(LAC)eration			yee Type:
(PW)Puncture Wound	IT (NET 700)		
(P)ain	R AND AND	IVe: no	yes Type: Amt:
117 12		Chest tube: no	yes R L (circle as applicable)
44	25 65		
HISTORY AND PRESENTING ILLNESS:		Temp control measure: no	yee type: Dody bag other
		Intraceseous access: no b	es Location:
HISTORY & PHYSICAL		RESUSCITATIVE PROCEDURES	
Head & Neok:	Tymp Membranes	C-Coller Intubate	
	Clear R L L	Airwey (crail/ naset) CRIC	
Chest:	Blood R L	☐ Chest tube ☐ R ☐ L Output ☐ ☐ Needle decompression ☐ R ☐ L Output ☐	Blood: mis Air
Oliver.			
		Pericardiocentesia Thoracotomy	
Abdomen:		Rectal Exam FAST	
		Tone DPL Gross blood +/- DPL	
Pelvic:		Prostate Pelvic Binder	
		GYN Folloy	
Upper Extremities:		Closed reduction EXT Fixation	
		Splint Wound weshout Tourniquet Type: CAT / SOFTT / Other	Time on: Time off:
Lower extremities:		Closed reduction EXT Fixation	11110-011
		Splint Wound washout	
		Tourniquet Type: CAT/SOFTT/Other	Time on: Time off:
Neuro: GC8: Motor Deficit: E_4 M/5 V/6 None	Vision: Pupilis R L	Sedated HYPO / HYPER	THERMIA CONTROL MEASURES
E_/4 M/5 V/6 None R UE/LE	Supplies	Seizure Protocol End temp	Time/date
C-Spine Tender L UE/LE	NR 🗆	Mannitol Temperature contr	ol procedure:
	Hand motion	Intraceseus Beir Hugger	Level 1 Fluid Warmer
Skin: Burn: 1st 2nd 3rd %TBSA	Light perception	Central Line Chill Buster A-Line Cooling Blanket	☐ Body Bag
	Sizemmmm		
CBC CHEMISTR		URINALYSIS	ALLERGIE8
	Amylane:	SpGr:	□ NKDA □ ASA
	LDH:	Chem:	
	DII:	Micro:	Suffe
В	SGOT:	RBC:	Morphine
O PT/ INR/ PTT	SGPT: Other:	WBC:	_ Codeine
R / /	other:	Bact:	Latex
T ABG	MEDICATIONS	IV FLUIDS/BLOOD PRODUCTS	
O F102:	□ DT	Crystalloidscc	NS LR Unknown HTN
R Ph:YES		colloidsco	None DM
Y PCO2: ETT S		PRBC'su	
Y PO2:	Morphine Fentanyi		nits Respiratoy Other
Set:	Other:	Cryou	nite
Patient NAME/ID:			acks
Last: First	MI	Date: ((dd,mm,yy)
123			
88N/ID	DOB/AGE		
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PHYSICIAN TRA	UMA ADMITTING RECORD	(Forwared Resuscit	aftve Capability) - For	merly Level 2	
	RESULTS				
C SUPINE	NEGOLIG				
X X UP RIGHT					
* R					
A T PELVIS					
Y H LLE					
S E RLE					
R RUE					
IMPRE88ION					
DIAGNOSIS					
1					
2					
3					
l 4					
•					
PLAN					
DNBI CATEGORY					
Carrier	injury, MVC	Psychiatric, 8	Marca.		
	injury, Work/Training	Pulmonary		<u> </u>	
□ Endocrine Infectious Dz □ I	injury,Other	□ STDs		===	
	Neurologic	All Other Med	fical/Surgical		
PROTECTIVE GEAR		WORN	NOT WORN	STRUCK	PENETRATED
Helmet circle: Kevlar/ ACH/ MICH/ CVC/ AVN/ USM					
Flak Vest/IBA circle: X8/8/M/L/XL/XXL/XXXL/X	OOOKL				
Ceramio Plate circle: X8/ 8/ M/ L/ XL					
Eyewear eyeglasses/8G-1/BLP8/UVEX XC/E88 lan		F B	F B	F B	F B
Participated and and	d/E88 NVG/SWDG	F B		<i>F</i> В П	F B
Deltoid/Axilla ext.		F B	L R	P B B	# B B
Neck Protector (yoke and collar, throat protector)		F B	L R C	F B C C T C	# B C
Neck Protector (yoke and collar, throat protector) Groin/leg ext.		F B	L R	P B B	# B
Neck Protector (yoke and collar, throat protector)		F B	L R G L	F B C C T C	# B C
Neck Protector (yoke and collar, throat protector) Groin/leg ext. Evacuated/ Dispositioned to:		L R C	L R G L	F B C C T C G L C	# B C
Neek Protector (yoke and collar, throat protector) Groin/leg ext. Evaouated/ Dispositioned to: Admit to Evao to III, IV, HN, Coalition		E R C T C T C Damage Contr	C 7 G L O	F B C C T C T C C T C C T C C C T C C C C	# B C
Neek Protector (yoke and collar, throat protector) Groin/leg ext. Evacuated/ Dispositioned to: Admit to Evac to III, IV, HN, Coalition Name of facility:	EVAC PRIORITY	P B C T C T Damage Contr.	C 7 G L O	# B R C T G L P P P P P P P P P	# B C
Neck Protector (yoke and collar, throat protector) Groin/leg ext. Evacuated/ Dispositioned to: Admit to Evac to III, IV, HN, Coalition Name of facility: RTD Unit	EVAC PRIORITY Routine	P B C T C T Damage Contr.	C 7 G L O	# B R R R R R R R R R	# B C
Neck Protector (yoke and collar, throat protector) Groin/leg ext. Evacuated/ Dispositioned to: Admit to Evac to III, IV, HN, Coalition Name of facility: RTD Unit	EVAC PRIORITY Routine Priority	P B C T C T Damage Contr.	C 7 G L O	F B C R C T C T C T C T C T C T C T C T C T	# B C
Neck Protector (yoke and collar, throat protector) Groin/leg ext. Evacuated/ Dispositioned to: Admit to Evac to III, IV, HN, Coalition Name of facility: RTD Unit	EVAC PRIORITY Routine	P B C T C T Damage Contr.	C 7 G L O	# B R R R R R R R R R	# B C
Neek Protector (yoke and collar, throat protector) Groin/leg ext. Evacuated/ Dispositioned to: Admit to Evac to III, IV, HN, Coalition Name of facility: RTD Unit Deceased (see below)	EVAC PRIORITY Routine Priority	P B C T C T Damage Contr.	C 7 G L O	F B C R C T C T C T C T C T C T C T C T C T	# B C
Neck Protector (yoke and collar, throat protector) Groin/leg ext. Evacuated/ Dispositioned to: Admit to Evac to III, IV, HN, Coalition Name of facility: RTD Unit	EVAC PRIORITY Routine Priority Urgent	P B C T C T Damage Contr.	C 7 G L O	F B C R C T C T C T C T C T C T C T C T C T	# B C
Neek Protector (yoke and collar, throat protector) Groin/leg ext. Evacuated/ Dispositioned to: Admit to	EVAC PRIORITY Routine Priority Urgent	Damage Contr Hypothermia: Coagulopathy:	L R C T G L C	# B R R R R R R R R R	F B C T C T C C T C C T C C C T C C C C C
Neek Protector (yoke and collar, throat protector) Groinling ext. Evacuated/ Dispositioned to: Admit to	EVAC PRIORITY Routine Priority Urgent	Damage Contr Hypothermia: Coagulopathy:	Cheat Edwardly	yes no yes no yes No Shook? Yes No	F B C T C T C T C T C T C T C T C T C T C
Neek Protector (yoke and collar, throat protector) Groin/leg ext. Evacuated/ Dispositioned to: Admit to Evac to III, IV, HN, Coalition Name of facility: RTD Unit Deceased (see below) Time of disposition: Attending Staff:	EVAC PRIORITY Routine Priority Urgent	Damage Contr Hypothermia: Coagulopathy:	Cheet Extremity	yes no	F B C T C T C T C T T C T T C T T C T T C T T C T T C T T C T T C
Neek Protector (yoke and collar, throat protector) Groin/leg ext. Evaouated/ Dispositioned to: Admit to	EVAC PRIORITY Routine Priority Urgent	Damage Contr Hypothermia: Coagulopathy:	Cheat Edwardly	yes no yes no yes No Shook? Yes No	F B C T C T C T C T T C T T C T T C T T C T T C T T C T T C T T C
Neek Protector (yoke and collar, throat protector) Groin/leg ext. Evacuated/ Dispositioned to: Admit to	EVAC PRIORITY Routine Priority Urgent	Damage Contri Hypothermia: Coagulopathy:	Cheet Extremity	yes no	F B C T C T C T C T T C T T C T T C T T C T T C T T C T T C T T C
Neek Protector (yoke and collar, throat protector) Groin/leg ext. Evacuated/ Dispositioned to: Admit to	EVAC PRIORITY Routine Priority Urgent	Damage Contr Hypothermia: Coagulopathy:	Cheet Extremity	yes no	F B C T C T C T C T T C T T C T T C T T C T T C T T C T T C T T C
Neek Protector (yoke and collar, throat protector) Groin/leg ext. Evaouated/ Dispositioned to: Admit to	EVAC PRIORITY Routine Priority Urgent	Damage Contri Hypothermia: Coagulopathy:	Cheet Extremity	yes no	F B C T C T C T C T T C T T C T T C T T C T T C T T C T T C T T C
Neek Protector (yoke and collar, throat protector) Groin/leg ext. Evacuated/ Dispositioned to: Admit to	EVAC PRIORITY Routine Priority Urgent	Damage Contri Hypothermia: Coagulopathy:	Cheet Extremity	yes no	F B C T C T C T C T T C T T C T T C T T C T T C T T C T T C T T C
Neek Protector (yoke and collar, throat protector) Groin/leg ext. Evacuated/ Dispositioned to: Admit to	EVAC PRIORITY Routine Priority Urgent	Damage Contri Hypothermia: Coagulopathy:	Cheet Extremity	yes no	F B C T C T C T C T T C T T C T T C T T C T T C T C T T C

APPENDIX B JTTR Level III Physician Form (2 Pages)

	PHYSICIAN TRAU		ORD (Theater Hospitalization Cap	ability) - Previously Level 3	
DATE:	VITAL 8		TOILL	TRIAGE CATEGORY	
TIME OF INJURY:	VIIAL 8	ISNS		☐ Immediate	Delayed
TIME OF ARRIVAL:		P R BP	/ 02 8at	Minimal	☐ Expectant
LOCATION OF PRE-HOS			02 041		<u> — схроотант</u>
HISTORY & PHYSICAL	r. OARE.			MECHANISM OF INJUR	RY
INJURY DESCRIPTION	R	. [R <u>Pulses Present</u>	GSWiBullet	Assault
and the second rich	/PPS	-	S= Strong	Blunt trauma	Chemical
(AB)rasion	(ke-e-l)		W= Weak	Mvc	Biological
(AMP)utation	0	"Starte"	D= Doppler	Building Collapse	Radinuclear
(AV)ulsion		720	A=Absent	☐ Help graph	Crush
(BL)eeding	Transfer At At At A	/// Car	24 - 24 - 24 - 24 - 24 - 24 - 24 - 24 -	Plane Crash	Fall
(B)urn %TB8A		\\\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	-0-	Knife/edge (stab)	BisstExplosion
(C)repitus				Single frag	IED
(D)eformity	/解作品 17相		1	Multi-frag	Bomb
(DG)Degloving				☐Flying debris	□ uxo
(E)cchymosis				Drowning	Morter
(FX)Fracture	W Vicasily	13. Vi *** 1/14		Hot Obj/Liquid	Landmine
(F)orlegn Body	**************************************	AC 1/1 1/1/20		Burn	Grenade
(G8W)Gun Shot Wound	117.71.777	117.171.1		Other	Machinery
(H)ematoma	Van Van	60 60	PRE-HOSPITAL		machinery
(LAC)eration	100	100 PM		no yes Type:	
(PW)Puncture Wound	1001 (007	180 700			
(88)Seatbelt Sign	ANI IN	3901 1197	Pre-hosp, tourniquet :	no ves type:	TIME on: off:
	YIII. 1017	ALC THE		/**	
1	禁任	. 121.121.	Pre-hosp, chest tube:	no ☐ yes R L	(circle as applicable)
I	with this		L		
HISTORY AND PRESENT	TING ILLNE88:		Temp control measure: U	no yes type:	body bag Li other
			Intraosseous access:	no Dune Lecetion	
Head & Neok:		Tymp Membranes		le Canthotomy (circle L	ARI)
		Clear R L L	Airway (oral/ nasal) CRIC	Cantholysis (circle L/	
1		Bleed R L L	Chest tube	_	
Chest:		Bleod M L L	☐ Needle decompression ☐ R	put Licost mis	
Chect.			☐ Needle decompression ☐ R	L Cutput Blood: n	Ar
1			Pericardiocentesis Thorac	odomu	
Abdomen:			Rectal Exam FAST	own;	
			Tone DPL		
1			Gross blood +/- NG/OX	3	
Pelvic:			Prostate Petric		
			GYN Foley		
Upper Extremities:			Closed reduction EXT Float	50	
			Splint Wound w		
1			Tourniquet Type CAT / SOFTT /	Oth Time on: Time	e off:
Lower extremites:			Closed reduction EXT Float	on	
1			Splint Wound w	shout	
			•		
Neuro: GC8:	Motor Deficit:	Vision: Pupils R L		HYPERTHERMIA CONT	ROL MEASURES
E_4 M/6 V/6	None	Brisk		pinning temp	Time/date
1	R VEALE	Skuggish		sing temp	Time/date
C-Spine Tender	L UBLE	MR 🔲 🗀	Mannitol Temperati	re control procedure	_
		Hand motion	Intraceseus Bair Hu		Level 1 Fluid Warmer
Skin: Burn: 1st 2nd	3rd %TBSA	Light perception	Central Line Chill B		Body Bag
		No light perception Size mm mm	A-Line Cooling	U-MIC	Other
СВС	Chemistry	UT	URINALYSIS		ALLERGIE8
		Amylase:	SpGr:		NKDA
		Alk Phos:	Ph:		ASA
		LDH:			PCN
		OII:	Micro:		Suth
в		SGOT:	RBC:		Morphine
O PT/ INR/ PTT		SGPT:	WBC:		Codeine
R		Other:	Bect:		Latex
Ä			HCG:		Other
T ABG		MEDICATION8	IV FLUIDS/BLOOD PRO	DUCTS	PMH
O F102:	VENT:	DT	Crystalloids		Unknown HTN
R Ph:	YES NO	Abre	Colloids		None DM
Y PCO2:	ETT Size:	Versed	PRBC's		Cardiac Ulcer
Y P02:		Morphine	PFP	units	Respiratoy Other
HCO8:		Fentanyl		unite	Seizure
Sat:		Fentanyl Other:	Cryo	unite	
0E:			PLTs	packs	
Patient NAME/ID:	Flori			DATE: (dd,mm,yy)	
Last:	First	MI		I	
				I	
				I	
SSN/ID		DOB/AGE	in doubland to the British or And an area	L	Bank 1 - 15
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DUVEICIAN TOAIL	MA ADMITTING DECORDS	Theater Hospitalization Capability) - Previously Level 3
		nicater nuspitalization capability) - Previously Level 3
OBTAINED PENDING	RESULTS	
C C-SPINE		
T ABDIPELVIS		
CHEST		
X C SUPINE X UP RIGHT		
R R		
A O C-SPINE		
The Person		
E RLE		
RUE		
IMPRESSION:		
DIAGNOSIS		
1		
2		
3		
4		
PLAN:		
FLAN.		
EVACUATED TO/DISPOSITION		
Admit to OR, ICU, ICW		Damage Control: yes no
		Hypothermia: yes no
Evac to III, IV, HN, Coalition		Coagulopathy: yes no
Location:	EVAC PRIORITY	☐ yes ☐ no
RTD Unit	Routine Priority	Shook?
Deceased (see below)	☐ Priority ☐ Urgent	SHOOK? ☐ Yes ☐ No
	organic	_ 100 D.NO
Time of disposition:		
DNBI CATEGORY		
Cardiac GI	Injury, MVC	Psychiatric, Stress
Dermafologic Heat/Cold	injury, Work/Training	Pulmonary
Endocrine Infectious Dz	Injury,Other	□ \$TDs □
□ FUO □ Injury,Sports □	Neurologic	All Other Medical/Surgical
ATTENDING STAFF Physician Signature:		CAUSE OF DEATH Anatomic: Physiologic:
r nyerolan olginaturo.		Anatomic: Physiologic: Alway Chest Extremity U / L MOF Hemorrhage Other
Physician Printed or Typed Name:		Alloway Chest Extremity U / L MOF Hemorrhage Other Head Pelvis Other, specify CNS Total Body Denuption
		Neck Abdomen Sepsis Breathing
PATIENT ID/88N		
Last First MI		MTF
SSN/ID DOB/AGE		
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APPENDIX C JTTR Level III Nursing Form (3 Pages)

JOINT THEATER TRAUMA NURSING RECORD (Theater Hospitalization Capability) - Previously Level 3								
ADDIVAL STATUS		(All sha	ded areas mandator	y for Joint Theater Traum				
ARRIVAL STATUS		TRIAGE CAT		Unknown			RIVAL	PATIENT CATEGORY
Date:	_	□ Immediate		□ Enemy	ᄖ	Walked Carried		Nation:
Time of arrival: Time of injury: Transit time:	_	☐ Delayed ☐ Minimal		Friendly	님	USMC CAS	EVAC	☐ Host nation
Transit time:		□ Evpectant		Civ (Host nation	ᇬ님	Non-med gr	cund	Coalition:
C-snine immeh: V/N	Function	nal IV: V/N		Training	"'	Ground amb	ulance	Enemy:
C-spine immob: Y/N Intubated: Y/N	Cric: VII	IN Noodlo I	Decompr V/N	Self accident		Non-med air		Service:
T· BP· / HR· RR·		PP-	Osat-	Self inflicted		☐ Air ambulance		USA USA
T: BP:/_ HR: R PAIN: 0 1 2 3 4 5 6		5 6 7 8 9	10	☐ Sports recreation ☐ Ship EVAC				USN
Last Tetanus: GCS		GC\$:		Other:		☐ Other:		USMC
TOURNIQUET CPR		CPR IN P	ROGRESS	GENDER		PRE-HOSP. WARMING		□ USAF
□ Vac □No		□ Voc □	□ Ves □ No			☐ Blanket		□ SOF
Time on: off:		Time started:	Time started: Time ended:		6	Space blank	tet	☐ Civilian
Type: CAT/ SOFTT/ Oth	er:	Time ended:				Body bag		□ Combatants
PRE HOSP. MEDS @		(time)		•		Other:		☐ Contractor
☐ Morphine	☐ RSI	meds	☐ Antibiotic	☐ Other:	HC	SP. WARM	ING	☐ ING
☐ Fentanyl	□ Seiz	zure med	☐ Mannitol			Radiant war		□ IP
CHIEF COMPLAINT			EVAC FROM	(Check/circle all that appl	xty)	IV bag warn	ner	☐ Non-gov't org
			□ Field			Bair hugger		☐ Other:
			☐ Coalition			Level I		
			USA/ US	N/ USAF/ USMC/		Other:		
				lla llb lll				☐ ID WRIST BAND ON
				MARY SURVEY				
AIRWAY	BREAT		ath Sounds	CIRCULATION				T/NEURO
☐ Patent	☐ Unla		ght Left	Skin:			☐ Alert	
☐ Stridor	□ Labo		Clear	□ Warm □ Coo		Hot		ponds to verbal
☐ Drooling	☐ Abse		Rales	☐ Pink ☐ Pale		Cyanotic		ponds to pain
☐ Obstructed	☐ Retra		Flail 🗆	☐ Dry ☐ Moist ☐ Diaph		Diaph		esponsive
☐ Oral/Nasal Airway	☐ Flari		Wheeze	Heart Sounds:			GCS:_	
□ BVM	L.		Absent					es/4 Verbal/5
☐ Combi tube			□Deviated Capillary Refill:				_ Mo	otor/6 Total/15
☐ Intubated	Chest s	ymmetry: (circ	cle one)					
Other:	Left>	ÉquaÍ ≷Rig		>2 seconds (c	delayed)	WN	L □Weak □None
HEADWEON FENT	LICADT		SECO	NDARY SURVEY			EVEDE	MITIES
	HEART Rhythm			ABDOMINAL/GU ☐ Flat			EXTRE	MITIES re/dislocation:
Nose (color):			cadu)	□ Distended		s stable. s □ No		RLE
CSF: + / -	I H	V-fib/tach	iauy)	Obese	Binde	_		
GSF. + / -		PEA		□ Non-tender		s. S. □ No		
Eyes: Equal R/L		Asystole		Tender		orrhage:		Motor Sens ROM
Fixed R/L		Other		Rigid		onnage. es □ No	RUE	
	Pulses			Guarding	Blood		LUE	
Dilated R/L	S = S	trona D:	= Doppler	Rebound		us/vagina:	RLE	+1 - +1 - +1 -
Other:	W = V	trong D: Veak A:	= Absent	tenderness			LLE	
C-Spine tender:	l		RL		Prost	_		
Yes No	l	Femoral	RL	assess	□ w		LOG R	OLL TIME:
Dental injury:	l	Brachial	RL	☐ Open wound		normal	Back ex	xam.
☐ Yes ☐No	l	Radial	R	_ орен ношь	Heme		Duoi: C	□ WNL
Tympanic Membrane:	l	Pedal	RL RL	FAST DONE: PO	DS / NE	G / NA	l	☐ ABNL (describe)
Clear R L	l							,
Blood R L	JVD Dis	stension: 🔲	Yes □No	Last Meal @				
PATIENT IDENTIFICAT	ION			ALLERGIES	PAST	MED HX	CURRE	ENT MEDICATIONS
Name/Rank:				□ Unknown	□ Unk	nown	□ Unkr	nown
SSN/Patient ld #:				□ NKDA	□ Non	ie	☐ None	
				□ PCN		piratory hx	☐ List o	current meds:
DOB: (ddmmyy)		Age:		□ Sulfa		zure hx	1	
				☐ Morphine		diac hx	l	
Deployed unit:				☐ Codeine		N	I	
				☐ Other:			l	
MTF transferred from:		MTF:		l	☐ Ulce	ers	l	
					☐ Oth	er.		
ASD(HA) September 05				Subject to the Privacy Ac	ct of 1974			Page 1 of 3

JOINT THEATER TRAUMA NURSING RECORD

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(SS)Se	atbelt Sign		ALL THE					V	u e	ľ		Burn	:				
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ASD(HA) September 05 Subject						t to th	e Priv	racy A	vct of	1974					Page 2	2 of 3	

JOINT THEATER TRAUMA NURSING RECORD

		IV FLUIDS	5					NOTES	
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								Time of Death:	
								Mortuary Affairs Notified?	
								Yes No	
]	
								Time to Morgue:	
		DISPOSIT						VALUABLES	
ADMIT	:	OR	ICU	ICW			_	None found	
RTD:		FULL	QUARTE	R PRO	FILE			Secured by PAD	
	/ACUATIO							Given to Patient	
	DISPOSITION			LITTER	W/C A	MBULATO	RΥ	Time:	
PATIENT	IDENTIFIC	ATION				h			
Name:						Nurse Na	me:		
SSN:						Cimeratur			
Trauma No		DΕ	Cod	ningt to the	Drivney Ast	Signature of 1074		2200 2 of 2	
ASD(HA):	September	UO CU	Sul	oject to the	Privacy Act	Of 19/4	F	age 3 of 3	

APPENDIX D Afghanistan Level IIb – WHMC Form 5064, 20061201 (3 Pages)

ARRIVAL STATUS Date:		subject to the Pr		of 1974 - PAWS o		Maria Carlo	CARE) (Level 2B) is)	
Date:	TRIAGE CATEGORY	WOUNDE	D BY	MECHANI	SM OF I	NJURY	PT CAT.	PRE HOSP HEMOSTATIO
	☐ Immediate	Unknown		☐ GSW/Bullet	Mac	chinery	Nation:	Unknown
Time of injury:	Delayed	☐ Enemy		☐ Blunt Trauma	Lan	dmine	□us	Quick Clot
Time of Arrival:	Minimal	Friendly		Single Frag	Cru	sh	☐ Host Nation	Fibrin Bandage
Transit Time:	Expectant	Civ (Host	Nation)	Multi-Frag	☐ MV	С	Coalition	Direct Pressure
C-spine immob. Yes No Fu	nctional IV TYes T	No Training	Training		Plane Crash Chemic		Enemy	☐ Field Dressing
[2] 이 경기 경기 있는데 있는데 이 집에 가장 하는데 그리고 있는데 하다면 되었다.	Yes No	Self Accide	ent	Helo Crash	Biol	logical	Service:	HemCon
Needle Decompr: Yes No	1	Self Inflicte	be	☐ Knife (Stab)	Rad	/Nuclear	USA	None
T: BP:/ HR:	PP: 029ati	Sports Re	creation	Mortar Mortar	Hot	Object/Liquid	USN	☐ Other
PAIN: 012345878910	KK 020at	Other:		RPG/Grenade	☐ Ass	ault/Fight	USMC	PRE HOSP WARM
Last Tetanus: G	CS:			☐ Drowning	Blas	st/Explosion	USAF	Blanket
				Flying Debris	Buil	ding Collapse	SOF	Space Blanket
TOURNIQUET			ENDER	☐ Bomb	Fall		Civillan	☐ Body Bag
Yes No	☐ Yes ☐	No -	Male	UXO	Bun	n	Combatant	
Time On: Off:	Time Start	tod:	Female	☐ IED	Oth	er	Contractor	Other
Type: CAT SOFTT Other:	Time Ende	ed:	romaio		_		☐ ING/ANA	ПНРМК
PRE HOSP MEDS	PR	E HOSP AIRWAY	Y PRE H	IOSP IV	ir	ntra Osseous	☐ IP/ANP	HOSP WARMING
Morphine RSI Med	s Antibiotic	Vac Time	□Ve	s 🗌 No		Yes No	☐ Non-Govt Org	Radiant Warmer
	2016.007		-		_		Media:	☐ IV Bag Warmer
Fentanyl Seizure N	wed Mannitol	NO	1	/Size/Location:			Other:	Bair Hugger
			Amt	Type Fluid:				Initial Responder
PRE HOSP CHEST TUBE	EVAC FR					OF ARRIVAL		Other:
Yes Location Field	USA US	N Init Respo	onder	☐ Walked ☐ Carr	ied [] A	Air Ambulance	USMC Casvac	Culoi.
□No □R □L □ Coali	ition USAF USAF USA	MC Fwd Rest	us Unit	Non-Med Groun	d G	round Ambula	nce Ship Evac	
2		Theater H	lospital	□Non-Med Air □	Other	MISSION #		
Chief Compliant:								
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			10.			G	YN	☐ Foley
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Upper Extremities:			1	Closed Reduction		t EXT Fixa	YN tion	☐ Foley
Upper Extremities:			T	ourniquet Type	CAT [G t EXT Fixe	YN tion	Foley ashout Time Off:
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